

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033914

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

43
FILED SEP 24 1962

Primary Registration District No. 3007

Registrar's No. 992

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY STODDARD	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NEW LISBON Twn.		c. CITY OR TOWN BLOOMFIELD,	
Length of stay in 1b Yrs.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOCTORS HOSPITAL		d. STREET ADDRESS (If outside, give location) ROUTE # 1,	
3. NAME OF DECEASED (Type or print) First BETTY LOU Middle PARKER Last		4. DATE OF DEATH Month SEPT. Day 13, Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-21, 1908
9. AGE (last birthday) 54		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife & Elder Mfg. Employee home		10b. KIND OF BUSINESS OR INDUSTRY home	
11. BIRTHPLACE (City and state or country) Waverly, Tenn.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Mc Keel		13b. MOTHER'S MAIDEN NAME Martha Truett	
14. NAME OF HUSBAND OR WIFE Allen Parker		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Address ALLEN PARKER- RT. # 1, Bloomfield, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident DUE TO (b) Intracranial Hemorrhage DUE TO (c) Metastatic Hypernephroma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Anemia		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 9-10-62 to 9-13-62 and last saw her alive on 9-13-62	
21. I attended the deceased from 6:30 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Dr. W. D. Miller M.D.	
22b. ADDRESS Poplar Bluff, Mo.		22c. DATE SIGNED 9-17-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE SEPT. 13-62	23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY	23d. LOCATION (City, town, or county) (State) STODDARD CO. MISSOURI
24. FUNERAL DIRECTOR CHILES UND. CO. BLOOMFIELD, MO.		25. DATE RECD. BY LOCAL REG. 9-18-1962	26. REGISTRAR'S SIGNATURE Thelma Graham

SEP 26 1962

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~XXXXXXXXXX~~ PERSONAL INFORMATION.

Signed

Licensed Embalmer No. 4119

P. O. Address BLOOMFIELD, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.